

Letters to the Editor

Ginseng – is there a use in clinical medicine?

Sir,

I read with interest the review article on ginseng by Chong and Oberholzer.¹ Since the title of their paper was 'Ginseng – is there a use in clinical medicine?', it seems that its effect on the cardiocirculatory system should have been included too.

Ginseng has been used for ages in China for treatment of heart failure among many other circulatory disorders.² The Chinese Academy of Traditional Chinese Medicine, Beijing, China,³ using the cardiac nuclear probe and technetium-99m reported the therapeutic effects of ginseng in 24 geriatric patients with congestive heart failure (coronary heart disease, 14; rheumatic heart disease, 5; hypertensive cardiovascular disease, 3; dilated cardiomyopathy, 1; syphilitic heart disease, 1). Thirty minutes after intravenous injection of Ginseng Co, which contains 2 g of the crude ginseng, the ejection fraction increased from 0.35 ± 0.02 to 0.42 ± 0.02 ($P < 0.001$). The Ginseng Co also increased the diastolic fast filling rate from 1.15 ± 0.11 to 1.50 ± 0.13 end-diastolic volumes/second ($P < 0.001$).

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Free retroperitoneal gas – a radiological sign of penetrating abdominal injury

Sir,

I read with great interest the article on spontaneous pneumoretroperitoneum in a renal transplant recipient.¹ I would like to report a case who demonstrated pneumoretroperitoneum in a condition not mentioned in the article, namely retroperitoneal trauma in the acute phase of injury. Such a sign may alert clinicians to retroperitoneal and lumbosacral plexus injuries in the severely injured trauma patient.²

Accordingly, I describe a previously undescribed radiological sign of a penetrating perineal injury communicating with the retroperitoneum.

An 18 year old man sustained multiple injuries following a motorcycle accident. In particular, he had a deep posterior perineal tear. Pelvic X-ray (Figure 1) showed free air on the left side of the psoas. Examination under anaesthesia confirmed a communication of the open injury to the coccygeal region and retroperitoneum.

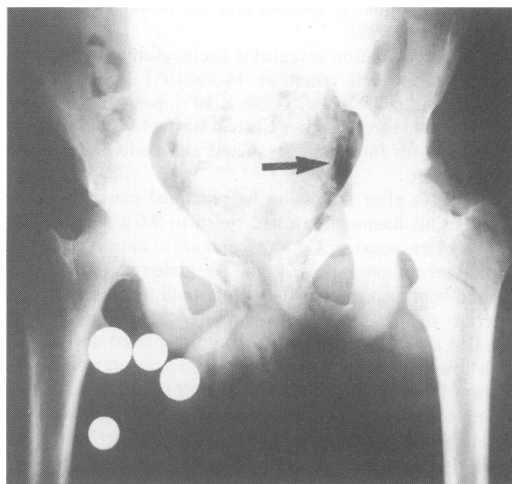


Figure 1 Pelvic X-ray showing free air on left side of psoas.

It is important to distinguish this sign from free intraperitoneal gas. This sign may be a useful early indication of a penetrating injury communicating with the retroperitoneum.

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Spontaneous subcapsular splenic haematoma formation in infectious mononucleosis

Sir,

Although rupture of the spleen is a rare but well documented complication of infectious mononucleosis, spontaneous subcapsular splenic haematoma formation without rupture is a very unusual occurrence in this condition. It has been suggested that this complication can be managed conservatively.^{1,2} We describe the presentation and clinical progress of a case in whom conservative management was successful.

A 17 year old male presented acutely with left upper quadrant abdominal pain. He gave a one week history of sore throat, anorexia and general malaise. There was no history of trauma in the preceding 6 weeks. On examination he was apyrexial, pale and slightly jaundiced. His cervical lymph nodes were enlarged and the blood pressure was 110/